


				License No.	
Location Change: <input type="checkbox"/>	New Owner: <input type="checkbox"/>	Name Change: <input type="checkbox"/>	Home Occupation: <input type="checkbox"/>	Outside City: <input type="checkbox"/>	
		BUSINESS LICENSE FEE: \$50.00 All licenses expire June 30. Renewal notices are mailed in May. Business licenses are not pro-rated and are non-transferable. If you discontinue your business activity in Auburn, please notify the Permit Center at (253) 931-3090.		PLEASE RETURN TO: Auburn Permit Center 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114	

CITY OF AUBURN APPLICATION FOR BUSINESS LICENSE (ORDINANCE NO. 5754)

The Auburn City Code requires that each business operating within the city limits obtain a business license from the Permit Center. Additional licenses are required for the following business activities: Ambulance Services, Amusement Device(s); Auto Races; Cabaret; Carnival, Circus, Show; Dance; Fire Extinguisher Service; Fireworks Stand; Motor Vehicle Wreckers; Outdoor Musical Entertainment; Pawnbrokers/Secondhand Dealers; Solicitor; Tow Truck and Tow Truck Driver.

<u>LICENSEE MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)</u> (All information related to this license will be sent to this address) Name: _____ Title: _____ Address, Suite #: _____ City, State, Zip: _____		CORPORATE/BUSINESS PHONE: _____ BUSINESS FAX: _____
<u>DOING BUSINESS AS</u> dba/Name: _____ Address, Suite #: _____ City, State, Zip: _____ LOCAL BUSINESS PHONE NO: _____		BUILDING OR PLAZA NAME: _____ OPENING DAY OF BUSINESS: _____
WEB SITE (if applicable) _____		E-mail address: _____

COMPLETE THIS SECTION FOR ALL OWNERS, AGENTS, PARTNERS OR CORPORATE OFFICERS (attach separate page if necessary):		
1) NAME: _____		TITLE: _____
_HOME ADDRESS: _____		CITY/STATE/ZIP: _____
		% OWNED _____
		HOME PHONE:: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	DRIVER'S LICENSE #: _____
2) NAME: _____		TITLE: _____
_HOME ADDRESS: _____		CITY/STATE/ZIP: _____
		% OWNED _____
		HOME PHONE: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	DRIVER'S LICENSE #: _____
3) NAME: _____		TITLE: _____
_HOME ADDRESS: _____		CITY/STATE/ZIP: _____
		% OWNED: _____
		HOME PHONE: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	DRIVER'S LICENSE #: _____
EMERGENCY CONTACTS - you must provide two local contacts for the Police and Fire Departments in case of an emergency. (Name, Address, Phone) 1. _____ 2. _____		

NAME OF MANAGER/AGENT/LOCAL CONTACT <hr/> HOME ADDRESS: <hr/>	TITLE: <hr/> CITY/STATE/ZIP: <hr/>	BUSINESS PHONE: <hr/> HOME PHONE: <hr/>
DATE OF BIRTH: <hr/>	PLACE OF BIRTH: <hr/>	DRIVER'S LICENSE #: <hr/>

BUSINESS INFORMATION:		
WA STATE UBI/TAX #: <hr/>	FEDERAL TAX ID #: <hr/>	CONTRACTOR ID #: <small>If applicable</small> <hr/>
LEGAL STATUS: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
NUMBER OF EMPLOYEES LOCATED AT YOUR PLACE OF BUSINESS WITHIN THE CITY OF AUBURN: _____		
BUSINESS ACTIVITY (please describe business activity in detail; list principal products sold or services provided): <hr/> <hr/> <hr/> <hr/>		
Your business will engage in which of the following activities (check all that apply): <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Health Care <input type="checkbox"/> Transportation/Communications/Utilities <input type="checkbox"/> Construction – type _____		
TELECOMMUNICATIONS PROVIDER? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Telecommunications Form		
INDIVIDUAL LICENSE REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Individual License Appl.		
HOME OCCUPATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Home Occupation Form		
Is this a Non-Profit Organization exempt from taxation under 26 USC 501(c)(3) or (4)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide IRS registration number _____		
IS YOUR BUSINESS LOCATED IN THE AUBURN DOWNTOWN ASSOCIATION AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STORE HAZARDOUS MATERIALS? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Auburn Fire Department for a Hazardous Materials Inventory Statement at (253) 931-3060</i>		
Have you ever had a business license with the City of Auburn denied, revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and name of business _____		
Office Use Only: SIC Code: _____		

BUSINESS LOCATION INFORMATION

Assessor's Parcel #:	Property Owner/Leasing Agent: Name: _____
Building: <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multi Tenant	Address: _____ City/State/Zip: _____ Telephone: _____
Floor Space Used for Business: (sq ft) _____	
Are you making tenant improvements: <input type="checkbox"/> Yes <input type="checkbox"/> No (Some improvements may require permits. Please contact the Permit Center for additional information.)	
Are you the first tenant at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, name of previous business at this location and/or type of use this business is replacing: _____ <input type="checkbox"/> Residence <input type="checkbox"/> Retail <input type="checkbox"/> Light Industrial <input type="checkbox"/> Warehouse <input type="checkbox"/> Other, describe _____	
Does building/premise have a security alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	City alarm registration no. _____
Does your building/premise have a fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARDOUS MATERIALS/WASTE INFORMATION

Does your facility currently use or store flammable materials <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a list of type and quantity.)	
What quantity (in gallons) of the above substance is stored on site at any given time? (Excluding consumer commodities for household use packaged in quantities of less than five gallons.)	
Does your facility use water in any part of its processes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility operate under any environmental permits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any spray painting equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S SIGNATURE

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Auburn and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

Date _____ Signature _____ Title _____

FOR OFFICE USE ONLY:

Business License # _____ Date Received: _____ TR # _____ \$ _____
SIC Code _____ Issue Date: _____ Prior License # _____